CARE-AGE OF BROOKFIELD 1755 NORTH BARKER ROAD

BROOKFIELD 53045 Phone: (262) 821-3939 Ownership: Corporation Skilled Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): 110 Total Licensed Bed Capacity (12/31/02): Title 19 (Medicaid) Certified? 110 Yes Number of Residents on 12/31/02: 110 Average Daily Census: 106

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02)					
Home Health Care Supp. Home Care-Personal Care	No No	 Primary Diagnosis 		Age Groups 	용 	Less Than 1 Year 1 - 4 Years	46.4 40.9
Supp. Home Care-Household Services	No	Developmental Disabilities	6.4	Under 65	3.6	·	12.7
Day Services	Yes	Mental Illness (Org./Psy)	37.3	65 - 74	2.7	İ	
Respite Care	Yes	Mental Illness (Other)	6.4	75 - 84	30.9	I	100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	53.6	*******	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.8	95 & Over	9.1	Full-Time Equivale	ent
Congregate Meals	No	Cancer	1.8			Nursing Staff per 100 R	Residents
Home Delivered Meals	No	Fractures	6.4		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	5.5	65 & Over	96.4		
Transportation	No	Cerebrovascular	10.0			RNs	14.1
Referral Service	No	Diabetes	3.6	Sex	용	LPNs	13.8
Other Services	No	Respiratory	6.4			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	14.5	Male	24.5	Aides, & Orderlies	31.4
Mentally Ill	No			Female	75.5		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0	I	

Method of Reimbursement

	Medicare Medicaid (Title 18) (Title 19)			Other			Private Pay		Family Care			:	Managed Care	l 						
Level of Care	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	0	0.0	0	1	2.8	144	0	0.0	0	3	5.2	164	0	0.0	0	2	100.0	442	6	5.5
Skilled Care	14	100.0	286	32	88.9	123	0	0.0	0	14	24.1	160	0	0.0	0	0	0.0	0	60	54.5
Intermediate				3	8.3	103	0	0.0	0	41	70.7	159	0	0.0	0	0	0.0	0	44	40.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	14	100.0		36	100.0		0	0.0		58	100.0		0	0.0		2	100.0		110	100.0

CARE-AGE OF BROOKFIELD

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Admissions, Discharges, and		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02										
Deaths During Reporting Period												
					% Needing		Total					
Percent Admissions from:		Activities of	%	As	sistance of	2	Number of					
Private Home/No Home Health	6.6	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents					
Private Home/With Home Health	0.4	Bathing	0.0		74.5	25.5	110					
Other Nursing Homes	4.0	Dressing	10.0		68.2	21.8	110					
Acute Care Hospitals	84.1	Transferring	17.3		63.6	19.1	110					
Psych. HospMR/DD Facilities	0.9		11.8			20.0	110					
Rehabilitation Hospitals	0.9	Eating	61.8		23.6	14.5	110					
Other Locations	3.1	* * * * * * * * * * * * * * * * * * *	*****	****	*****	*****	******					
Total Number of Admissions	226	Continence		용	Special Treat	ments	용					
Percent Discharges To:		Indwelling Or Extern	nal Catheter	10.9	Receiving F	Respiratory Care	15.5					
Private Home/No Home Health	14.0	Occ/Freq. Incontiner	nt of Bladder	52.7	Receiving T	racheostomy Care	0.9					
Private Home/With Home Health	9.5	Occ/Freq. Incontiner	nt of Bowel	28.2	Receiving S	Suctioning	0.9					
Other Nursing Homes	1.4				Receiving C	stomy Care	0.9					
Acute Care Hospitals	27.1	Mobility			Receiving T	ube Feeding	1.8					
Psych. HospMR/DD Facilities	0.9	Physically Restraine	ed	6.4	Receiving M	Mechanically Altered Diets	27.3					
Rehabilitation Hospitals	0.0	1										
Other Locations	11.3	Skin Care			Other Residen	t Characteristics						
Deaths	35.7	With Pressure Sores		6.4	Have Advanc	e Directives	100.0					
Total Number of Discharges		With Rashes		0.0	Medications							
(Including Deaths)	221				Receiving F	sychoactive Drugs	67.3					
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		Ownership: This Proprietary			Size:	Lic	ensure:		
	This				-199	Ski	lled	Al	1
	Facility	Facility Peer Group		Peer	Group	Peer	Group	Facilities	
	%	ଚ୍ଚ	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.4	81.9	1.18	88.6	1.09	84.2	1.14	85.1	1.13
Current Residents from In-County	66.4	83.1	0.80	85.4	0.78	85.3	0.78	76.6	0.87
Admissions from In-County, Still Residing	15.5	18.8	0.82	18.6	0.83	21.0	0.74	20.3	0.76
Admissions/Average Daily Census	213.2	182.0	1.17	203.0	1.05	153.9	1.39	133.4	1.60
Discharges/Average Daily Census	208.5	180.8	1.15	202.3	1.03	156.0	1.34	135.3	1.54
Discharges To Private Residence/Average Daily Census	49.1	69.3	0.71	76.5	0.64	56.3	0.87	56.6	0.87
Residents Receiving Skilled Care	60.0	93.0	0.65	93.5	0.64	91.6	0.65	86.3	0.70
Residents Aged 65 and Older	96.4	87.1	1.11	93.3	1.03	91.5	1.05	87.7	1.10
Title 19 (Medicaid) Funded Residents	32.7	66.2	0.49	57.0	0.57	60.8	0.54	67.5	0.49
Private Pay Funded Residents	52.7	13.9	3.80	24.7	2.13	23.4	2.25	21.0	2.51
Developmentally Disabled Residents	6.4	1.0	6.62	1.0	6.32	0.8	7.93	7.1	0.90
Mentally Ill Residents	43.6	30.2	1.45	28.5	1.53	32.8	1.33	33.3	1.31
General Medical Service Residents	14.5	23.4	0.62	28.9	0.50	23.3	0.63	20.5	0.71
Impaired ADL (Mean)	50.2	51.7	0.97	50.9	0.99	51.0	0.98	49.3	1.02
Psychological Problems	67.3	52.9	1.27	52.9	1.27	53.9	1.25	54.0	1.25
Nursing Care Required (Mean)	6.7	7.2	0.93	6.8	0.99	7.2	0.93	7.2	0.93